



9876543210000981100

IRS/SSA/HCFA
Data Match Project VII
Phone: 1-800-999-1118
PIN # 1234

Part I: Employer Information

Employer Identification Number

987654321

Employer

JACKS CAFE
1919 MOCKINGBIRD LANE
MAYWOOD OH 34567-1234

1a. Did you offer a health plan to any employee at any time since 01/01/98 ? (full or part time)

YES



NO



1b. Did your organization make contributions on behalf of any employee who was covered under a collectively bargained Health and Welfare Fund (e.g. a union plan) since 01/01/98 ?



If you answered NO to both Questions 1a and 1b, please turn to Part IV and sign the certification. Return Part I and Part IV in the self-addressed prepaid mailer provided.

2. In the following years, did you have 20 or more employees for 20 or more calendar weeks (this includes full time, part time, intermittent and/or seasonal employees)?

Year

1997



1998



1999



INSTRUCTIONS: This information will be read by a computer. Please print as shown below. Stay within the boxes. Use CAPITAL Letters. Mark boxes with an X. USE BLACK OR BLUE INK.

EXAMPLE

A	B	C			1	2	3		
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